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	IN THE UNITED STATES PATEN	VT AND TRADEMARK OFFICE	PATENT			
In re the	application of) Examiner: Sunil Singh				
معنین	John E. Mercer) Art Unit: 3673				
Serial N	July 3, 2001) Attorney Docket: DCI -	15C2			
For:	BORING TOOL CONTROL USING REMOTE) Date: May 5, 2004				
CERTIFIC an envelor	LOCATOR CATE OF MAILING I hereby certify that this correspondence is be pe addressed to: Commissioner of Patents, P. O. Box 1450, Alexan	/ sing deposited with the United States Posts dria VA 22313-1450 on May 5, 2004	al Service as First Cla ss Mail in			
·	,	Signed:	Jay R Beyer			
Commissioner of Patents RECEIVE						
P.O. Bo Alexand	x 1450 Iria, VA 22313-1450		MAY 1 2 2004			
Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450 SIR: Transmitted herewith is an Amendment for the above application. X Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established						
X	No additional fee is required. Postcard included	.K. 99 1.9 and 1.27 has been estab	onsned 			
The fee	has been calculated as shown below: (Col. 1) (Col. 2) (Col. 3	S) SMALL ENTITY	NON- SMALL ENTITY			
	Claims Proviously Programt F	D-4: A 11'4' 1	D / 1111 1D			

	Claims		Previously	Present Extra		
	Remaining		Paid For			
Total Claims	* 61	Minus	** 68	0		
Indep. Claims	*42	Minus	*** 42	0		
First Presentation of Multiple Dependent Claim(s)						

Rate Additional Fee

x 9 \$ 0

x 43 \$ 0

+145 \$

Total \$ 0

 Rate
 Additional Fee

 x 18
 \$

 x 86
 \$

 +290
 \$

 Total
 \$

* If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3. Total \$ 0

If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

- *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.
- X Applicant(s) hereby Petition(s) for an Extension of Time of 1 month(s) pursuant to 37 C.F.R. § 1.136(a).
- Please charge my Deposit Account No. 19-1685 (Order No. DCI-15C2) the amount of \$ 55.00 to cover the extension of time fee. A duplicate copy of this sheet is enclosed.
 The Commissioner is hereby authorized to charge payment of the following fees associated with this
 - The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1685 (Order No. DCI-15C2) (a duplicate copy of this sheet is enclosed):
 - X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.

 Any extension or petition fees under 37 C.F.R. § 1.17.

Respectfully submitted,

Jay R Beyer

Registration No. 39,907